

APPLICATION FOR LICENSE AS AN ASSISTED LIVING ADMINISTRATOR

FOR OFFICE USE ONLY

COMPLETE _____

CAT _____ D.X. _____

Please print clearly or type all answers. If there is not sufficient space, use additional sheets and number accordingly. The following exhibits must be returned with this completed and notarized application:

- a copy of your driver's license or any other proof of age; **and**
- the enclosed *Classroom Training and Test Dates* form with applicant's dates of registration checked; **and**
- the nonrefundable \$50.00 application fee (see fee schedule) made payable to the AL BOEALA; **and**
- a copy of your high school diploma or GED (or letter from school) **plus** proof of at least one year of experience working fulltime in an administrative or resident or patient care position in a licensed assisted living facility, nursing home, hospital, or residential care setting for the elderly or disabled within two years preceding date of this application with the enclosed *Endorsement from Employer* form completed by the administrator, owner, or governing authority of such facility; **or**
- a copy of your college diploma or transcript showing evidence of at least two years (60 semester hours or 96 quarter hours) of coursework at an accredited college or university **plus** proof of either at least three months of experience working fulltime in an administrative or resident or patient care position in a licensed assisted living facility, nursing home, hospital, or residential care setting for the elderly or disabled or of completing a minimum of 240 hours of a Board approved internship within two years preceding date of this application. ***Please note that if you do not provide proof of this prior work experience or internship, you must complete and submit the enclosed Commitment to Fulfill Experience Requirement form with application.***

Your application will not be considered complete until all of the exhibits above and required supporting documentation have been received. Your completed application and required documents must be postmarked at least 15 days prior to the Section A testing for which you register.

Date: _____

I hereby make application for a License as an Assisted Living Administrator in the State of Alabama. Following completion and acceptance of my application, I request to sit for the following assisted living licensure examination:

(Choose One): ☐ Category I Administrator (to administer Assisted Living Facilities)
☐ Category II Administrator (to administer Assisted Living Facilities, Specialty Care Assisted Living Facilities, or a combination)

1. Name _____
(Last) (First) (Middle) (Maiden)

2. Home Address _____
(Street) (City) (State) (Zip)

3. Business Address _____
(Street) (City) (State) (Zip)

4. Telephone Number (H) _____ (W) _____

5. Date of Birth _____ / _____ / _____ Place of Birth _____

6. Are you a citizen of the United States? ☐ YES ☐ NO
If NO, supply proof of application of U.S. citizenship or copy of letter of intent.

7. Social Security Number: ____ - ____ - ____

8. Education: (a) Please circle the highest grade completed: 6 7 8 9 10 11 12
Name of High School: _____
Address: _____
(Street) (City) (State) (Zip Code)
(b) Did you graduate? ☐ YES Date of Graduation: _____
☐ NO Date of GED receipt: _____
(c) Name of College or University: _____
Address: _____
(City) (State)
(d) Did you graduate? ☐ YES ☐ NO Date of Graduation: _____
Degree: _____
(e) Other educational training: Name: _____
Address: _____
(Street) (City) (State) (Zip Code)
Dates attended: From _____ To _____
Certificate Received?: ☐ YES ☐ NO
Subjects: _____

9. Employment history for the past 10 years, include military experience, if any. **Please list your current or most recent work experience first.**

Employer's Name:

Address:

(Street) (City) (State) (Zip Code)

Employed from _____ TO _____

Job Title: _____

Description of Duties: _____

Employer's Name:

Address:

(Street)

(City)

(State)

(Zip Code)

Employed from _____ TO _____

Job Title: _____

Description of Duties: _____

Employer's Name:

Address:

(Street)

(City)

(State)

(Zip Code)

Employed from _____ TO _____

Job Title: _____

Description of Duties: _____

Employer's Name:

Address: _____

(Street)

(City)

(State)

(Zip Code)

Employed from _____ TO _____

Job Title: _____

Description of Duties: _____

Employer's Name:

Address: _____

(Street)

(City)

(State)

(Zip Code)

Employed from _____ TO _____

Job Title: _____

Description of Duties: _____

10. Membership in Professional Societies and/or Organizations:

<u>Name</u>	<u>Date of Membership</u>	<u>Offices Held</u>	<u>Active or Inactive</u>
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11. Professional Certificates and/or Licenses held: (Include such items as fellowships in American College of Hospital Administrators and American College of Health Care Administrators, Nursing Home Administrator, RN, LPN, CPA, etc. Do not include academic degrees. Give complete information for each certificate or license you hold or have ever held.)

<u>Type of Certificate Or License</u>	<u>Name of State or Other Authority</u>	<u>Year of Original Issue</u>	<u>Year of Latest Issue</u>	<u>Current or Latest Registration Number</u>
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12. (a) Have you ever been convicted of a felony? ☐ YES ☐ NO

Ala. Admin. Code r. 135-X-5-.03(3). An applicant for examination who has been convicted of a felony by any court in this state, or by any court of the United States, shall not be admitted to or be permitted to take the examination provided for herein unless he/she shall first *submit to and file with the Board*, a certificate of good conduct granted by the Board of Parole or, in the case of a conviction in any jurisdiction wherein the laws do not provide for the issuance of a certificate of good conduct, an equivalent written statement or document.

(b) Have you ever been convicted of a misdemeanor? ☐ YES ☐ NO

Ala. Admin. Code r. 135-X-5-.03(4). An applicant for examination who has been convicted of a misdemeanor, except a petty traffic offense, shall not be admitted to or be permitted to take the examination provided for herein unless he/she shall first submit to, and file with the Board a certificate or letter of good conduct from the proper parole, probation, court, or police authorities wherein such conviction was had, or submit an equivalent written statement or document. For the purpose of this paragraph, a petty traffic offense shall be any and every misdemeanor relating to the operation of motor vehicles except: Driving while under the influence of intoxicating liquors, narcotics, stimulating or hallucinating drugs; leaving the scene of an accident; and manslaughter resulting from the operation of a motor vehicle.

13. If you are currently employed in an assisted living facility, is it an ALF or SCALF or Both? _____
If applicable, attach a copy of the current license issued to the facility you are now affiliated with.

14. Have you applied for licensure by examination as an assisted living administrator in any state or states?
☐ YES ☐ NO State(s): _____

15. Have you ever had a certificate or other professional license revoked or suspended? ☐ YES
☐ NO If YES, attach an explanation, relevant documents and a description of the current status.

16. Are you currently registered as an assisted living administrator in any other state? ☐ YES ☐ NO

If YES, please have the applicable State Licensure Board complete the enclosed Reciprocity Questionnaire. A questionnaire must be filled out for each state in which you hold or have held an assisted living administrator's license.

17. Applicant must furnish references from two (2) individuals engaged in either business or professional work, who are not related to the applicant by blood or marriage, have known the applicant for at least 12 months and are in a position to provide information in regard to the applicant's good moral character. ***Two form letters which are to be used by these individuals are enclosed with this application and should be mailed by the individuals directly to the Board of Examiners.*** Please list below the names and addresses of whom the two references will be from:

a. Name: _____ Occupation: _____

Address: _____
(Street) (City) (State) (Zip Code)

b. Name: _____ Occupation: _____

Address: _____
(Street) (City) (State) (Zip Code)

AFFIDAVIT OF APPLICANT

_____, on oath, do promise and swear that, if my application is
Printed Name of Applicant

accepted, and I should be granted a license to practice as an Assisted Living Administrator in the State of Alabama, I will obey the laws of the State, the Rules and applications of the Alabama Board of Examiners of Assisted Living Administrators, and maintain the honor and dignity of the profession.

It is understood and agreed that if I fail to keep the above agreement or if I have made any false statements in this application, my license may be suspended or revoked by the Board at any time.

I further state that all the statements made by me in this application are true and correct.

Signature of Applicant

Sworn to and subscribed before me this _____ day
of _____, _____.

Notary Public

My commission expires _____.

STATE OF _____)

COUNTY OF _____)

CHECKLIST OF REQUIRED ITEMS TO BE SUBMITTED TO THE BOARD OF EXAMINERS

I have enclosed or submitted for completion:

- | | |
|---|---|
| <input type="checkbox"/> Completed, signed, and notarized application | <input type="checkbox"/> Endorsement from Employer form (if applicable) |
| <input type="checkbox"/> Copy of driver's license or other proof of age | <input type="checkbox"/> Reciprocity Questionnaire (if applicable) |
| <input type="checkbox"/> Copy of high school diploma, GED, or college diploma or transcript | <input type="checkbox"/> Proof of application of U.S. citizenship or letter of intent (if applicable) |
| <input type="checkbox"/> Two character reference form letters (These must be mailed directly from the persons completing the letters to the Board of Examiners. Application will not be complete until both letters are received) | <input type="checkbox"/> Commitment to Fulfill Experience Requirement form (if applicable) |
| <input type="checkbox"/> Proof of required work experience or Board approved internship program. | <input type="checkbox"/> Accommodation Request Form (if applicable) |
| | <input type="checkbox"/> Copy of assisted living facility's State license (if currently employed at an assisted living facility) |
| <input type="checkbox"/> Classroom Training and Test Dates form with registration dates for Sections A and B of exam and training checked. | |
| <input type="checkbox"/> \$50.00 nonrefundable application fee | |

Your application will not be considered complete until the application and all required documentation is received.

Mail application and other required documents to:

**Alabama Board of Examiners of Assisted Living Administrators
5921 Carmichael Road
Montgomery, AL 36117**